



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/17/2014

Business ID: 388623

William M. Gardner

Secretary of State

SYMMETRY MEDICAL USA INC.

486 W. 350 N.

WARSAW, IN 46582

ADDRESS OF PRINCIPAL OFFICE:

486 W. 350 N.,

WARSAW, IN 46582

REGISTERED AGENT AND OFFICE:

LAWYERS INCORPORATING SERVICE

14 CENTRE STREET

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 388623

STATE OF DOMICILE: DELAWARE

MANUFACTURING MEDICAL INSTRUMENTS AND CASES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

TREAS. Fred Hite

STREET 3724 North State Road 15

CITY/STATE/ZIP Warsaw IN 46582

PRES. Thomas Sullivan

STREET 3724 North State Road 15

CITY/STATE/ZIP Warsaw IN 46582

SEC'Y. David Milne

STREET 3724 North State Road 15

CITY/STATE/ZIP Warsaw IN 46582

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Fred Hite

STREET 3724 North State Road 15

CITY/STATE/ZIP Warsaw IN 46582

DIR. Michael W Curtis

STREET 486 W. 350 N.

CITY/STATE/ZIP Warsaw IN 46582

DIR. Thomas Sullivan

STREET 3724 North State Road 15

CITY/STATE/ZIP Warsaw IN 46582

DIR. Chris Huntington

STREET 486 W 350 N

CITY/STATE/ZIP Warsaw IN 46582

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

DAVID MILNE

Please print name and title of signer:

DAVID MILNE

NAME

/

SECRETARY

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



038862320141008

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301